DOCUMENT RESUME

ED 219 898 EC 143 177

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TITLE Serving Handicapped Youngsters in the Department of Defense School System.
INSTITUTION Dependents Schools (DOD), Washington, D.C.
REPORT NO EEW-3612
PUB DATE Apr 82
NOTE 9p.; Paper presented at the Annual International Convention of the Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982, Session Th-30).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Disabilities; Elementary Secondary Education; Federal Programs; Individualized Education Programs; *Interdisciplinary Approach; Program Descriptions; Program Development; *Teamwork
IDENTIFIERS *Dependents Schools

ABSTRACT

The Department of Defense Dependents Schools (DoDDS) special education programs function with a multidisciplinary team called the Child Management Committee. The Child Study Committee, which usually meets once a week, develops, implements, and monitors comprehensive, multidisciplinary assessment procedures; summarizes assessment results in written form; develops, implements, and monitors each child's individualized education program (IEP); implements specific written procedures to assure that parents are cognizant of all procedural safeguards and to assure that the school follows procedural safeguard provisions; and monitors a record management system. Specific procedures are outlined for screening (including regional screening and Child Find); the referral process (including the prereferral, formal referral, and assessment stages); IEP development; and educational placement. Other components briefly considered are the Guidance Resource Centers and the Special Olympics. (SW)

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EEW-3612

SERVING HANDICAPPED YOUNGSTERS IN THE DEPARTMENT OF DEFENSE SCHOOL SYSTEM

by Elizabeth Whitten

The Department of Defense Dependents Schools (DoDDS) cover many regions throughout the world. We are a unique system and we feel that we have contributed greatly to providing programs for handicapped youngsters residing overseas. DoDDS incorporates many of the service delivery models found in urban, suburban and rural school districts in the United States. Youngsters must be identified and served in large metropolitan areas where our troops are concentrated, as well as isolated outposts where resources are minimal. Military families come from every state and territory, and from every racial, cultural and socio-economic background. In addition to the military children, we educate many tuition-paying youngsters of english speaking parents not employed by the military. In comparison to the United States school districts DoDDS would rank as the 11th largest school district. We are composed of 273 schools, 11,000 educators and over 135,000 students of which 12,000 are served by special educators.

Title XIV of Public Law 95-561 mandates that DoDDS comply with Public Law 94-142 (The Education for all Handicapped Children Act of 1975). Therefore in 1978 DoDDS began providing a free appropriate public education for all handicapped youngsters. Since 1978 our resources, teachers, programs and student population have been expanding. Because DoDDS does not function as a state there has been difficulty complying directly to P.L. 94-142, ergo Department of Defense Instruction 1342.12 was written and implemented on December 17, 1981. This paper will review many of the procedures set forth by DoD Instruction 1342.12.

The growth and development of DoDDS's special education programs denotes the advantageous position of DoDDS when P.L. 95-561 was passed. In 1968 all of the appropriate DoDDS schools were functioning with a multidisciplinary team which was called a Child Management Committee. The Child Management Committee functioned under many of the same requirements set forth by P.L. 94-142. At this time a clinical model for specific learning disabled youngsters was established but after a thorough evaluation of the model it was determined that DoDDS had little need for a clinical model. Ergo in 1971 generic programs were implemented. These programs served the mildly handicapped youngster. These generic programs were initially called learning abilities class but in 1973 the title was changed to learning development which it is presently called. In 1975 Project Decide was organized, it consists of a junior high pre-vocational program based on a business enterprise model to service handicapped and non-handicapped youngsters. The following information will provide an overview of the special functions required of our schools to comply with DoD Instruction 1342.12.

Paper presented at the Annual International Convention of the Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982)

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CHILD STUDY COMMITTEE

The child study committee (CSC) functions as a multidisciplinary team in all decisions and activities related to student assessment, individual educational program (IEP), student placement and program review. The CSC meets on a regularly scheduled basis of approximately once per week. An agenda is developed prior to each meeting with minutes written following the meeting. The minimum membership of the CSC should include:

a. child's regular teacher
b. special educator
c. administrator
d. child's parents
e. counselor
f. resource educators (eg., speech therapist, school nurse, etc.)
g. other personnel as appropriate

The CSC chairperson is selected from this committee. The roles and functions of our CSC's include but are not limited to the following:

a. developing, implementing and monitoring comprehensive, multidisciplinary assessment procedures

b. summarizing assessment results in written form

c. developing, implementing and monitoring the individual educational program of each handicapped youngster

d. establishing and implementing specific written procedures to assure that parents are cognizant of all procedural safeguards (confidentiality, protection in evaluation, due process and least restrictive environment) and to assure that the school follows the procedural safeguard provisions

e. monitoring a record management system

SCREENING

The screening for suspected handicapped students may take place during any of the following procedures:

a. regional screening
b. child find

Regional screening: The special needs of many youngsters are known to us in advance by the parent enrolling in the army's Dependent Handicapped Program or the air force's Children Have a Potential. Through each of these programs educational data is forwarded to the special education coordinator of the region in which the family is being assigned. The family is then assigned to an area that is equipped to appropriately meet the needs of the identified handicapped youngster. The advantage of these programs is to avoid placing a family with a severely handicapped youngster in an isolated area with few resources.

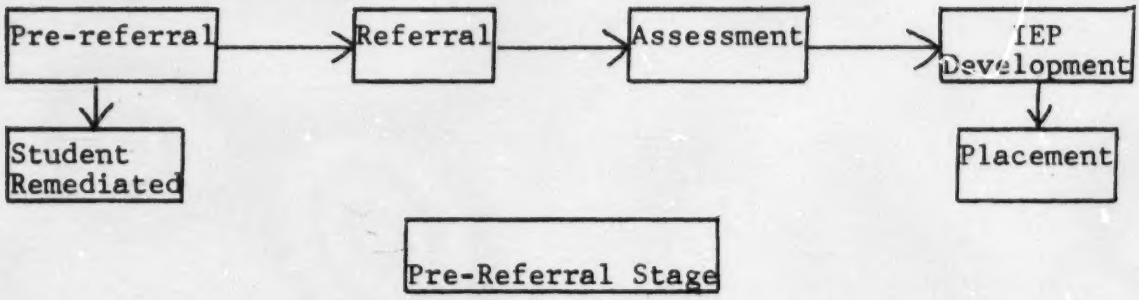
Child Find: All schools are required to locally carry on vigorous and continuous activities to locate, identify and evaluate handicapped individuals ages birth-21. The child study committee formulate a child find plan to identify youngsters enrolled in each school as well as the suspected handicapped children in the community that are not enrolled in school. Those enrolled students are detected through the local school screening procedure.

a. review of cumulative school records
b. analysis of health records
c. screen of basic skills assessment results

Screening of children not enrolled in school will be accomplished by the C.S.C. through public awareness:

a. news media (eg., newspaper, radio, television)
b. posters
c. parent notices
d. referrals from hospitals and other appropriate personnel or agencies
e. assistance from parent advocate groups
f. assistance from the parent-teacher-school-association

STAGES OF THE REFERRAL PROCESS



Pre-Referral Stage

This pre-referral can be initiated by a student, a student's teacher, a parent, or any professional person with knowledge of and concern for the student. The pre-referral is given to the appropriate resource educator to informally assess the student in the following areas:

1. Observation in the classroom

    a. interpersonal modes of relating
    b. organization of self and tasks
    c. behaviors unique to the child

2. Informal measures

    a. samples of typical classroom work
    b. informal behavioral inventories
    c. informal learning style inventories

After the informal assessment if the resource educator suspects a possible handicapping condition he/she must turn in a formal referral to the child study committee.

FORMAL REFERRAL STAGE

Subsequent to the pre-referral stage is the formal referral stage. This referral is submitted by anyone with knowledge of our concern for the student to the child study committee. At this stage any child referral to the CSC for a suspected handicapping condition is entitled to a full and comprehensive evaluation. Prior to the evaluation parental permission for formal assessment must be obtained.

ASSESSMENT

After receiving written permission for assessment from the child's parents the CSC will commence with the student evaluation. The

results of this evaluation will be provided in a written report and this report shall contain:

a. a description of the nature and severity of the child's handicapping condition

b. a review of the formal and informal diagnostic evaluation

c. a summary of information from parents, child, or other persons having significant previous contact with the child

d. a description of the child's current academic progress, including a statement of the child's learning style.

Each of our regions have provided specific eligibility criteria for determining handicapping conditions under the definitions stated in P.L. 94-142. In DoDDS-North Germany specific criteria for eligibility is categorical however our programs are non-categorical. Based on the findings of the evaluation, the CSC determines if the child is in need of special education and related services.

IEP DEVELOPMENT

The child study committee is responsible for the development and implementation of each handicapped child's IEP. Each IEP must include:

1. a statement of annual goals including short-term instructional objectives

2. a statement of present levels of functioning

3. the projected data for initiation and anticipated length of activities

4. objective criteria and evaluation procedures for determining at least annually if the objectives are being met

5. a statement to the extent that the child may be able to participate in the regular educational program

6. a statement of related services to be provided and who will provide services

7. a statement indicating the frequency and intensity of related services

The IEP is developed, reviewed and revised at least annually in meetings that include the following participants:

1. child's regular teacher
2. teacher of special education
3. administrator or designee
4. one or both of child's parents
5. child, if appropriate
6. member of the evaluation team
7. other individuals at the request of the school or parent

The IEP, not the identified handicapping condition, determines the program placement of each handicapped youngster.

PLACEMENT

After the IEP development, the CSC meets and identifies the personnel responsible for implementing the special education goals and related services. A placement decision cannot be made without written consent of the parent. The placement must be designed to educate a handicapped child in the least restrictive environment.

Each handicapped child's educational placement shall be:

1. based on the child's IEP
2. reviewed at least annually by the CSC
3. located as close as possible to the child's residence
4. designed to assign the child to the classroom he or she would attend if not handicapped, unless the IEP requires another arrangement
5. designed such that the child participates as much as possible with children that are not determined handicapped

It has become quite evident to us that a resource room for 30 to 60 minutes daily or a self contained room for the full day will not suffice in providing the appropriate programs for the majority of our handicapped youngsters. Therefore our emphasis has been directed towards developing a continuum or program options. At one end of the continuum a resource teacher can provide up to 50 percent or more of the instructional day and at the opposite end a teacher can provide 50 percent or more of a child's instructional day while mainstreaming whenever possible. Since programs are designed to meet the individual needs of the youngsters, the distinction between service delivery models has become increasingly vague. It is the responsibility of the child study committee to develop a program that will appropriately meet the stated objectives of the IEP. Without our flexible service delivery models and staffing, our students needs would be fitting into our programs instead of our programs fitting to the needs of our students. Our schools serviced by one learning development teacher provide the services of the total continuum. Schools being serviced by two or more learning development teachers have two options for providing service. They can divide the grade levels into groups K-2 and 3-6 and each teacher will provide the total continuum. The second option of service delivery models allows the learning development teacher to divide the service delivery models; one teacher servicing students requiring less than 50 percent of the day in a special program and the other teacher providing for 50 percent or more time in a special program.

REGULAR CURRICULUM

MODIFIED REGULAR CURRICULUM

Basic curriculum is modified by one or more of the following:

a. special assistance from classroom teacher

b. consultation with learning development teacher

c. special materials provided

d. multigrade placement or reduced expectations

SUPPLEMENTED REGULAR CURRICULUM

Basic curriculum is modified by receiving direct service for less than 50% of day from resource educators

SPECIAL PROGRAM PLACEMENT

Basic educational program provided by learning development teacher for 50% or more of the instructional day.

SPECIAL FACILITY PLACEMENT

Basic educational program provided by special educators for the full instructional day.

GUIDANCE RESOURCE CENTER

We have three Guidance Resource Centers (GRC) located in northern Germany for schools to utilize after they have exhausted all of their local resources. Each GRC is staffed with a combination of personnel from the following areas:

a. counselor
b. social worker
c. psychologist
d. speech therapist
e. educational prescriptionist
f. consultant of the emotionally handicapped
g. consultant of vocational education
h. physical therapist
i. occupational therapist

The GRC receives written referrals from schools located in their geographical area. The team conducts a full assessment on each youngster referred. They make recommendations and assist in implementing the recommendations to the school when necessary.

We have found our GRC's to be valuable resources for students with multiple and severe handicapping conditions.

SPECIAL OLYMPICS

Each year our students participate in a spring Special Olympics held in Frankfurt, Germany. This year we held our first Winter Special Olympics in Bertchesgaden, Germany. We included students from our host nation, Germany and the neighboring country of Austria. The support received by the military communities was overwhelming.

CONCLUSION

As you can see our programs are functioning very similar to any stateside school district. Only we are fortunate to receive support from the military command and our host nation countries. Our resources are not overwhelming but certainly abundant. Our staffing is appropriate for the number of handicapped youngsters identified. Most of all our educators share a common interest to travel and experience other countries and cultures.